Type a plus sign (+) ins	ide this b	ox [+]	Patent and	Tradema	ark Office: L	J.S. DEPA	RTMENT OF	COMMERCE			
PTO/SB/01			Attorr	ney Dock	et Number	322-00	0091				
(8/96)	ARATION		First	Named In	ventor	Graem	ne Alexand	ler			
	OR .	Declaration Submitted aft			COME	LETE IF					
☐ Submitted with			fter Applie	cation Nu							
Initial Filing		Initial Filing	Filing								
				Art Unit							
		_		iner Nam							
As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Fire Resistant Polymeric Compositions											
(Title of the Invention) the specification of which ☐ is attached hereto											
OR	r			1							
⊠ was filed on (MM/DD/)	YYYY) <u> </u>	10/17/200	3	as Ur	nited States A	pplication I	Number or PC1	<u></u>			
International Number (if applicable).	CT/AU2000	3/001383	and was am	ended on	(MM/DD/YY	m					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to	n diednen	information	which is mate	rial to na	tontahility as	defined in	37 C F R 1 5	6 including for			
continuation-in-part applic	rations ma	riciniation v	which is male	ecame av	railabliry as	en the filin	or Cili.R. 1.5	orior application			
							g date of the p	mor approation			
and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s)								n application(s)			
for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designed at								ich designed at			
least one country other than the United States of America, listed below and have also identified below, by checking the box,											
any foreign application for	r patent, in	ventor's or b	reeder's right	s certifica	te(s), or of an	y PCT inte	mational appli	cation having a			
filing date before that of th											
Prior Foreign	Col	untry	Foreign Filir		Priority No Claimed		Copy Atta YES	nched? NO			
Application Number(s)		·	(MM/DD/Y	111)	Claimed		TES				
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☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:											
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed											
below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional											
Application Number	79)	i mig Da	TO CIANARDOLI			cation num					
					listed	on a supp	lemental				
					priori	priority sheet attached					
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Attorney Docket Number	322-00091

DECLARATION I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the pnor application and the national or PCT international filing date of this application. U.S. Parent Application PCT Parent Number Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) ☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: \square Customer Number: 26753 Registration Name Name Registration Number Number Daniel D. Fetterley 20,323 Joseph D. Kuborn 40.689 25,927 Jeffrey S. Sokol 35,686 George H. Solveson Gary A. Essmann 29,376 Peter T. Holsen 54,180 Thomas M. Wozny 28,922 Aaron T. Olejniczak 54,853 Michael E. Taken 28,120 Christopher M. Scherer 50,655 Joseph J. Jochman, Jr. 25.058 William L. Falk 27,709 ☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. 26753 Direct all correspondence to: Customer Number: OR Correspondence address NAME Thomas M. Wozny ANDRUS, SCEALES, STARKE & SAWALL, LLP **ADDRESS** 100 East Wisconsin Avenue **Suite 1100** CITY Milwaukee STATE ZIP CODE 53202-4178 Wisconsin COUNTRY TELEPHONE (414) 271-7590 (414) 271-5770 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent Given Name (first and middle [if any]) Family Name or Surname Graeme Alexander Inventor's Signature Hampton East | Victoria RESIDENCE: City Country State Citizenship 2/1 Daff Avenue POST OFFICE ADDRESS 3188 Victoria Country AU | Hampton East State Zip

Additional inventors are being named on supplemental sheet(s) attached hereto.

Please type a plus sign (+) inside this box [+]

	A	tomey Do	cket Number	322-00091						
	DECLARATION	ADDITIONAL INVENTOR(S)								
			Supplemental Sheet							
a ÁTI	Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		A petition has been filed for this unsigned inventor Family Name or Surname							
שע	Yi-Bing_	Cheng								
	Inventor's Signature 2006	AM Date 30 June 2005								
	RESIDENCE: City East Burwood State	Victo	ria Country	AU Citizenship AU						
	POST OFFICE ADDRESS 639 Highbury	Road								
	City East Burwood State	Victor	ia zip 31	51 Country AU						
ļ	Name of Additional Joint Inventor, if any:									
2-00	Given Name (first and middle [if any])	Family Name or Surname								
_	Robert Paul Burford									
	Inventor's Signature	<u> </u>	AU	V Date 14/6/05						
		New South	Wales Country	AU Citizenship AU						
	POST OFFICE ADDRESS 107 Prospect	Road								
	City Summer Hill State New South	Wales	Zip 2130	Country AU						
100	Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])			filed for this unsigned inventor Name or Surname						
الم	Robert Shanks									
	Inventor's Signature		Δ	pate 15 June 2005						
	RESIDENCE: City Glen Iris State	Victo	ria Country	AU Citizenship AU						
	POST OFFICE ADDRESS 6 Britten Street	et <u> </u>								
]	city Glen Iris State Victoria	Z	Zip 3146	Country AU						
	Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])	- A - D 	A petition has beer Family N	filed for this unsigned inventor Name or Surname						
5-001	Jaleh_		Mansouri _							
	Inventor's Signature 1. Maulor		A Date	15/6/05						
Ì		New South		AU Citizenship AU						
	POST OFFICE ADDRESS 437/83-93 Dal			7 TO ORIZONSHIP 7 TO						
	City Rosebery State New South	Wales	Zip 2018	Country AU						
1	Name of Additional Joint Inventor, if any:			filed for this unsigned inventor						
\sim	Given Name (first and middle [if any])		Family I	Name or Surname						
الک-رو	Antonietta		Genovese							
	Inventor's Agenovese Signature		// Date	15/6/05						
	RESIDENCE: City Sandringham State	Victo	ria Country	AU Citizenship AI	J					
	POST OFFICE ADDRESS 130 Bay Road									
	City Sandringham State Victoria Zip 3191 Country UA									
41	☑ Additional inventors are being named on supplen Please type a plus sign (+) inside this box [+]	nental she	et(s) attached here	eto.						

SAPOTATO 27 OCT 2005

Attorney Docket Number 322-00091 ADDITIONAL INVENTOR(S) **DECLARATION** Supplemental Sheet Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Kenneth Willis Barber Inventor's 2005 Signature Date Little River State Victoria ΑU RESIDENCE: City Country Citizenship "Istana Park", Cherry Swamp Road POST OFFICE ADDRESS Little River 3211 Victoria AU State Zip Country Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle [if any]) Pulahinge Don Dayananda Rodrigo Inventor's Date 05 Signature Doncaster Victoria AU RESIDENCE: City State Citizenship 9 Murillo Court POST OFFICE ADDRESS 3108 AU Doncaster Victoria Zip Country City State ☐ A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Vincent Patrick Dowling Inventor's 03 Date Signature East Bentleigh Victoria Country RESIDENCE: City | Citizenship 4 Anderson Avenue POST OFFICE ADDRESS 3165 East Bentleigh Victoria ΑU Zip Country State ☐ A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Lee Joy <u>Russell</u> Inventor's Signature Date Moonee Ponds AU Victoria **RESIDENCE: City** State Country Citizenship 65 McPherson Street POST OFFICE ADDRESS Moonee Ponds 3039 AU Victoria State Zip Country Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname lvan Ivanov Inventor's 105 vanos Date Signature Countr State Victoria ΑU **RESIDENCE: City** Citizenship 10/2 Wingate Avenue POST OFFICE ADDRESS **Ascot Vale** Victoria 3032 AU State Zip Country ☐ Additional inventors are being named on supplemental sheet(s) attached hereto. Please type a plus sign (+) inside this box [+]